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Sept 88 - Jan 1989



# THE HABIT

Chemical Dependency Bureau

Montana Department of Institutions

1539 11th Avenue, Helena, MT 59620

(406) 444-2827

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September 1988 - January 1989

## HAVRE H.E.L.P. PROGRAM OVERVIEW

Submitted by Lynn Hamilton

Havre Encourages Longrange Prevention (H.E.L.P.) is a successful community-based substance abuse prevention/intervention/education program involving volunteers who receive training and provide prevention programs within the community. H.E.L.P.'s purpose is to organize concerted ongoing efforts to recognize and to deal constructively with North Central Montana's needs regarding drug and alcohol abuse.

H.E.L.P. is an outgrowth of Region 8 drug and alcohol abuse prevention training in the schools. Operating funds were first acquired through a grant to the Havre Public School District. Supplementary grants were acquired by the schools until the H.E.L.P. Committee assumed responsibility for fund-raising. Community services provided through the auspices of this blanket organization have increased steadily.

The H.E.L.P. Board of Directors is a 15-member, multi-professional steering committee whose function is to work within existing social structures such as agencies/institutions to carry out the H.E.L.P. mission. The goals of H.E.L.P. are:

1. To insure that an ongoing drug and alcohol abuse prevention and intervention community program is planned, initiated and implemented;
2. To arouse community awareness of the drug and alcohol problem as it exists within our community;
3. To accomplish constructive coordination of all agencies concerned with the youth in our community and the problems they face in drug and alcohol use.

## PROGRAMS H.E.L.P. SUPPORTS

HELPERS - a group of Havre High School students who demonstrate their concern for the use and abuse of substances through activities and educational programs.

1 PLEASE RETURN



JUNIOR HELPERS - an after-school club for Middle School students with goals similar for those of the high school HELPERS.

Peer Helpers - an academic elective class in the Havre Middle School where students learn interpersonal communication and peer counseling skills. May include matches for tutoring and personal counseling between high risk youth and peer helpers.

MTI (Montana Teen Institute) and TIP (Teens in Partnership) - H.E.L.P. sponsors middle school and high school students from Havre and the Hi-Line to these summer intervention/prevention workshops.

INSIGHT - a five-week, ten-hour educational program for youth who have been caught holding or using drugs at school or who have been arrested for drug or alcohol related offenses.

ME/ME program - focuses on building elementary children's self-esteem and decision making. H.E.L.P. has helped fund teacher training and materials for this program in the Havre School District.

JUST SAY NO - H.E.L.P. assists the local Optimist Club in implementing this national prevention program.

McGruff - a local police officer, working as a volunteer gives presentation in area schools as "McGruff" dog that helps take a bite out of crime. Presentation materials and costume purchased with the assistance of H.E.L.P.

TUTOR Program - H.E.L.P. provides funding for a professional tutor at Northern Montana Chemical Dependency Center for youth undergoing treatment who wish to maintain or improve their academic standing.

"Drugs of Abuse" BOOKLET - 5,000 booklets were distributed in the Havre School District, Rocky Boy Reservation, and through Hi-Line area schools to promote awareness of abusive substances. Booklets purchased by H.E.L.P.

HOME FREE - Hill County Tavern Association and H.E.L.P. program designed to help prevent alcohol-related traffic accidents by providing free rides home for drivers who have been drinking.

TAMS/TIPS - Techniques for Alcohol Management Services and Training of Intervention Procedures for Servers of Alcohol are national programs that train tenders, waiters, waitresses, and clerks in intervention techniques related to the sale and consumption of alcohol. H.E.L.P. has also provided training for participants to become certified instructors.

PROFESSIONAL TRAINING - H.E.L.P. continues to fund a variety of training for area educators, law enforcement personnel, and others who work directly with high risk youth. These training programs have included Community Intervention, Quest for Excellence, Johnson Institute, Montana Caring for Kids, etc. These volunteers, in turn share their expertise in the community by working as facilitators in core teams, support groups, focus days, and by reaching out to other communities through support and networking.

COMMUNITY TRAINING- H.E.L.P. is sponsoring a series of community-based training workshops in Havre to strengthen awareness of substance abuse problems and expand the pool of volunteers available to work in intervention/prevention programs and activities. Scholarship funding for the workshops is available to participants from a five-county area.

For further information contact: Lynn Hamilton, HELP, PO Box 68, Havre, MT 59501.

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FIRST LARGE-SCALE EFFORT to measure steroid use in high school boys suggests that nationally as many as 500,000 adolescents may be taking the drugs. Report appeared in Journal of the American Medical Association (JAMA).

FROM: Pulse Beats  
Jan. 1989



MISSOULA'S COMMUNITY CARE, INC.

Submitted by Toni Smartt

Community Care, Inc. is a non-profit organization whose purpose it is to integrate and coordinate efforts in our community to combat alcohol/drug use among adolescents and the problems that precede or result from that usage. The nine member Board of Directors consists of representatives from the business community, medical community, law enforcement, treatment agencies, social service agencies, schools and parent organizations. Parent volunteers who are not affiliated with any particular organization also hold board seats. This board has been in existence for six years. Its early funding for educational training events was provided by donations from the business and civic segments of our community. We have become more self-supporting in recent years.

Hundreds of volunteers have been trained through the efforts of Community Care. They work side by side with professionals in direct service delivery to students. Many of them also assist in the education and support of parents. These professionals who are working with children in the schools may be teachers, school administrators, social workers, law enforcement officers, juvenile probation officers, health care providers or private therapists. Some are provided with release time by their employer to work in the schools. Others use their lunch breaks, vacation time or other volunteer time to work with students.

We have expanded our communication and service coordination base through the Community Care Advisory Council. This Council meets monthly to exchange information and ideas. We work to coordinate our direction and to share our tasks. The Advisory Council consists of representatives from the following organizations:

Business	Tavern Owners	YMCA
Treatment	Association	Missoula Youth Homes
Friends to Youth	University of MT	Pediatricians
Youth Court	Schools	Judge
Sheriff	MIADS	Health Department
Family Services	School Boards	Parents
PTA	County Attorney	Ministerial Assoc.
Medical Community	Police	

Low income families are represented on the council by two treatment agencies, Friends to Youth, Missoula Youth Homes, Department of Family Services and parent representatives. Our community is working together to benefit all of us who live here. We are committed to sharing the responsibility for raising our youth. For further information contact: Toni Smartt, Care One, School District #1, 215 S 6th W, Missoula, MT 59801.

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**SCHOOLS SELECTED FOR SITE VISIT**

Four programs were selected by the Office of Public Instruction (OPI) to represent Montana in a federal drug free school recognition program. They are the Sidney Senior High School, Sidney; Meadow Hill Middle School, Missoula; Harlem Junior and Senior High School, Harlem; and Fairview Consolidated Schools, Fairview. The Harlem Junior and Senior High has been selected to receive a site visit in February or March. The final selection will be announced at the end of April. The schools were selected for the award by an OPI task force and representatives of the National Federation of Parents. They were first nominated by their district's superintendents.

The national award program, in its second year, is part of the Drug Free Schools and Community Act passed in 1986 by Congress.

Winners of the contest on the federal level will be studied through on-site inspections by Department of Education officials and be viewed nationally as models for drug information and education programs.

Two-hundred twenty programs were nominated nationwide with the Department of Education selecting one-hundred-five of those programs for a site visit. Congratulations to the Harlem school and good luck on your upcoming site visit.

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We'll help!

## VOLUNTEER EFFORT - ONE OF A KIND

The Great Falls model represents a community based program that is unique to most community programs - unique by the fact that it has been implemented by volunteers. Since its inception, over 700 adults and adolescents have attended a basic 40 hour alcohol and other drug training session. Over 7,200 students, from all income levels, K-12, have had the opportunity to take part in a group experience in the school system. All facilitators for these student groups have been volunteers. On October 24, 1988, the Community Core Team recognized 287 community service groups, educators, parents and government agencies for their volunteer service to the **CARE/ CORE** program. With this kind of community commitment the realization of drug free youth may become a reality for this Montana community.

### **KEYS TO SUCCESS**

The Great Falls model reflects a comprehensive program that has been integrated into the existing network of school and community services. Each representative group has identified their role in substance abuse prevention efforts. Some of the indicators of their success are:

1. **NETWORKING**

The Great Falls Community Core Team, Inc. continues to be the agency that provides a **NETWORKING** of community officials, organizations, agencies, and others involved in any areas related to substance abuse. Promoting and assisting in public education and awareness on the issues of substance abuse continues to be their focus.

2. **OPEN COMMUNICATION**

Agencies, organizations, and other interested persons were allowed to bring their concerns to the public through the assistance of the Community Core Team. Through this process the "threat" that was perceived by the involved agencies was gone when they learned that no one was accusing them of not doing their job, but rather, "what can we do to help you to do a better job in areas related to substance abuse issues?"

3. **COMMUNITY PROGRAMMING**

The task of realizing that no one agency, group, organization, or individual is large enough to facilitate all of the public education and awareness that must be done. Being able to recognize the limitations of each entity has attributed to our program. The fact is that everybody has to "buy-in" and nobody can do it all. Problem solving has been a cooperative effort, a community effort.

4. **STAYING ON FOCUS**

One of the most difficult things to deal with was getting off track. It is very easy to get side tracked into **ADULT** drug/alcohol issues. Being able to focus specifically on adolescent substance abuse issues was a major factor in the development of the efforts in Great Falls.

For further information contact: Jim Gamell, CA/RE Coordinator, Great Falls Public Schools, PO Box 2428, Great Falls, MT 59403-2428.

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EIGHT OF TEN PERSONS CONVICTED OF DRUNK DRIVING are alcoholics who don't respond at all to mandatory alcohol and driving education programs, says Albert Kramer, presiding justice, Quincy, MA, district court....The standard judicial remedy is based on a myth that most drunk drivers are merely overindulging social drinkers, judge told an Insurance Information Institute (III)-sponsored conference on auto safety....The only way to get the problem drinker off the road, conference was told, is to use availability of a jail sentence to make the person join Alcoholics Anonymous (AA) and stop drinking....Kramer also cautioned that health insurers refusing to cover rehabilitation treatment are making a mistake.

FROM: Pulse Beats, Jan. 1989

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## CHEMICAL DEPENDENCY PROGRAMS OF MONTANA

By: Ken Anderson, President  
Chemical Dependency Program of MT



Albert Ellis  
CDPM Conference, Bozeman

CDPM has gone forward in many areas over the past three years and it appears our positive growth will continue in years to come. Our annual conferences have been successful, first at Fairmont Hot Springs, then at Grouse Mountain in Whitefish, and most recently the Holiday Inn at Bozeman where our featured workshops included the famous **ALBERT ELLIS**, from the Institute of Rational Emotive Therapy and **CLAYTON MOSCHETTI-HOUFF**, the Executive Director of the Adolescent Chemical Dependency Programs, St. Lukes Hospital, Cleveland, Ohio. Our luncheon speakers were **BOB "FIG" NEWTON** from Valley General Hospital, Monroe, Washington and **DR. FRANK SEITZ**, Bozeman.

The attendance from all segments of the helping fields made the conference a remarkable success. Professions represented were school counselors, mental health professionals, program directors, administrators, corrections, students, vocational rehabilitation counselors, clergy, teachers, college professors, school psychologists, social workers, and a strong representation from the chemical dependency treatment professionals in Montana and Washington.

CDPM has contracted with RMS Management, Helena, Montana as a full time management organization who represent our interests with legislative issues and day to day administration. Under the relentless and persistent Rose Hughes and Sue Weingartner, CDPM has taken a more aggressive and definitive direction. Thanks to the Chemical Dependency Bureau and the cooperation of Rose and Sue our counselor certification process has more clout and meaning.

We look forward to the legislative session with all its trials and tribulations. Our main bill this year will hopefully provide more insurance coverage for inpatient and outpatient treatment.

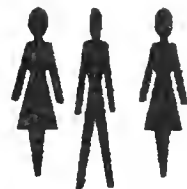
As with all legislative sessions our legislators have fiscal responsibilities to the entire state. Chemical dependency issues are small in comparison, but none the less, equally important. The scenario that has taken place over the past 12 years or so has, for the most part, been very positive. The issues we must be very sensitive to are in direct relationship to the legislative raiding of the alcohol tax and the uncertainty of federal block grants. This will eventually become a major issue.

In my travels around the country and in some foreign countries my observation is that treatment and prevention services offered in Montana are second to none. In many areas of programming and availability of treatment, we are light years ahead. For example, the alcohol tax has provided a foundation to build from. We still have the ability to talk to each other, share some turf, ask for and receive cooperation from the Chemical Dependency Bureau. Believe me, what we take for granted is not the norm in many other areas of the country, or in foreign countries.





## TEEN CONNECTION



### "TEEN CONNECTION" FORMS IN ST. IGNATIUS

A new student group has formed at St. Ignatius School, and the students call themselves the "Teen Connection". The group was begun by students who attended the Teens in Partnership camp and the Montana Teen Institute and is part of the school CARE Program. Like the overall CARE Program, its purpose is to develop activities that contribute to student self-esteem.

All students in grades 7-12 are invited to participate, according to Dave Wilson, Teen Connection staff advisor. The group focuses especially on junior high school students, with interested high school students participating as a leadership team. The group meets every Wednesday at noon.

"The Teen Connection has three goals--fun, education and fund-raising," according to Wilson. "We want to help students find ways to positively influence both their peers and younger students."

Fund-raising is planned in order to send more students to the Teens in Partnership (TIP) camp, a week-long summer program which several students and staff have already attended.

"TIP is about students helping students", Wilson said. "The Teen Connection is modeled after that program."

Interested students will be doing what Wilson calls "cross-age tutoring"--going into classrooms of younger students to give upbeat, positive messages. Clowning, music, skits and panels will be among the cross-age tutoring methods used by the students. Wilson said.

Teen Connection activities are being supported by the Community Connection, a network of parents and staff coordinated by Mary Herak, the school CARE coordinator.

Some Teen Connection/Community Connection activities were a Halloween haunted house in October, a new musical written by a Community Connection member, Rita Arlint, titled "Will You be My Life's Anchor?" and the January mid-winter festival "Chili Feed/Pie Auction/Variety Show". The students will be doing a video of the musical in March.

For further information contact: Mary Herak, School District #28, PO Box 400, St. Ignatius, MT 59865-0400.

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### CHEMICAL DEPENDENCY BUREAU TO PRESENT WORKSHOP ON "SPECIAL NEEDS" CLIENTS

The Chemical Dependency Bureau will be sponsoring a spring workshop on chemically dependent clients who are also mentally ill. These "dually diagnosed" clients indeed have special needs to be considered in their treatment. Topics to be included will be the use of psychiatric medications, signs and symptoms of psychiatric problems, treatment planning and case consultation, and feasible approaches to working successfully with the dually-diagnosed client.

An increasing number of chemical dependency counselors have expressed frustration about "do's" and "don'ts" in treatment as well as a desire to learn more about working effectively with this population. The topic has been explored very little in Montana.

Plans for the workshop are in a very formative stage as this HABIT goes to press. The one or two day event will take place in May or June 1989. It will, of course, be approved for certification points. Plans are for this workshop to be given at minimal cost to participants. Specific information will be sent to all programs when details are available. We hope you will join us this spring for an informative learning session.

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### FLATHEAD VALLEY CHEMICAL DEPENDENCY CLINIC

Since 1974, the Flathead Valley Chemical Dependency Clinic has provided an important segment of health care in the Flathead Valley. In May of 1988, the program opened a new facility at 1313 North Meridian Road in the heart of the Kalispell Medical community. The new clinic was specifically designed to facilitate a comprehensive outpatient program. The floor plan gave the program the ability to provide a structured outpatient program and expand its capacity for the ACT program. This new clinic is the first facility in Montana to be designed, built and owned by an outpatient chemical dependency program. The Fall meeting of the Montana Advisory Council on Chemical Dependency was held at the clinic on October 7, 1988. A tour of the facility was given to members of the Council by Ken Anderson, Director of the Program.

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### HIGHLIGHTS OF THE INTRAVENOUS DRUG USE (AIDS) SURVEY

The intravenous drug use (AIDS) survey in conjunction with Department of Health and Environmental Sciences is distributed to clients in approved chemical dependency treatment programs who have used drugs intravenously since 1977. This confidential survey is completed by the client and mailed to the Department.

233 individuals responded between June and December, 1988. The results are as follows:

1. 72% of the respondents have shared needles with another person while using drugs.
2. Of the 162 respondents who have shared needles with others, 46.9% said they share needles once a month or less, 32.1% indicated 2 to 9 times a month, and 21.0% share needles 10 or more times a month. Four respondents did not answer this question.
3. Approximately 69% of the respondents had injected drugs in states other than Montana since 1977.
4. When asked when the last time they had injected drugs, 40.3% indicated injecting more than 12 months ago, 23.6% reported they had injected drugs 6 to 12 months ago, and 36.1% had injected drugs less than 5 months ago.
5. The respondents were almost evenly divided when asked the frequency in which they inject drugs on a monthly basis -- 39.5% reported 10 or more times a month, 27.2% said 2 to 9 times per month, and 33.3% once a month or less.
6. 70% of the respondents were male and the remaining 30% were female.
7. The majority (78.5%) of the respondents were white, 15.9% were Native American, and the remaining 5.6% were black, hispanic, or other.
8. The majority of the respondents (88.6%) have not donated blood since they started injecting drugs.
9. The response of those who considered themselves at risk was at 55.5% and those who did not consider themselves at risk was 44.5% for being exposed to the AIDS virus.

The preceding data reveals a fair number of Montanans are at risk for the spread of AIDS.



## Evaluation Corner

Norma Jean Boles



### FOLLOW-UP DATA IS A PRIORITY

The collection and analysis of accurate followup data is an evaluation priority.

The term "improved" has been misleading in the past. The Chemical Dependency Bureau defines "improved" as **NO USE** in the last 30 days. Please be aware of this definition and compile your data based on this definition.

Followup data will be thoroughly checked during on-site reviews, as accurate data is essential in demonstration of effectiveness.

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### CHEMICAL DEPENDENCY BUREAU WELCOMES NEW STAFF MEMBER

Hi, I'm Nancy



Nancy Tunnickliff is a recent addition to the Chemical Dependency Bureau staff. She joins us in a Project Evaluator's position. Nancy is replacing Mike Kauffman who has transferred to the Mental Health Bureau as the Quality Assurance Manager.

Nancy has worked as a Chemical Dependency Counselor since 1980. She was employed for two and a half years as Transitional Living Facility Supervisor for Boyd Andrew Chemical Dependency Care Center (CDCC) in Helena. From 1982 until 1987, she worked at the Shodair Adolescent Chemical Dependency Unit in Helena. During those years she served as Senior Counselor, Intervention Specialist and Special Services Coordinator. Previous to joining the CDB she spent time again at Boyd Andrew CDCC as the ACT Supervisor. Given the breadth of her experience, she will be an asset as a Project Evaluator.

Nancy has four grown children and looks forward to traveling the state of Montana in the course of evaluating programs.

She welcomes the opportunity for meeting many of you face-to-face after knowing you only through phone calls the past eight years.

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### CHEMICAL DEPENDENCY BUREAU RESPONSIBILITIES

Due to a number of position changes during the past year, the Chemical Dependency Bureau reassigned some duties and responsibilities. Often calls and letters are misdirected because those of you working around the state do not know who to contact for specific concerns.

Following are the individuals and the general responsibilities of the staff at the Chemical Dependency Bureau: Darryl Bruno is the Bureau Chief (444-4927); Norma Jean Boles is responsible for standards and quality assurance (444-4931); the program evaluators are Nancy Tunnickliff (444-4926) and Fred Fisher (444-4928); Marcia Armstrong is responsible for prevention and planning (444-2878); certification and training approval are the responsibility of Phyllis Burke (444-4923). Questions concerning the Alcohol and Drug Information System (ADIS) are also directed to Phyllis.

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## SERVING THE DUALY DIAGNOSED CLIENT

By Fred Fisher

The issue of providing chemical dependency services to people with psychiatric impairments is attracting considerable interest both in the literature and in the field. A review of some of the available literature reveals a subject that until recently has received little attention. Most of what is available has been published within the past three to five years. Some of the information indicates that there is a substantial overlap in patients suffering from chemical dependency and psychiatric disorders. Several researchers suggest that these dual diagnosis patients constitute 30% to 50% of psychiatric populations and as much as 80% of all substance abusers (Crowley, Hall, Rounsaville). A study in 1982 found that 10% to 15% of diagnosed alcoholics were schizophrenic and the same percentage of hospitalized schizophrenics were also alcohol abusers (Gottheil & Waxman). In 1983, a study of a VA psychiatric hospital found that close to a third of all the patients also had problems with alcohol (O'Garrell, et al). Another study in 1987 in a large psychiatric hospital showed that nearly 68% of the patients were also alcohol abusers (Golowka).

Alcohol and drug treatment programs in Montana, especially in the larger population centers, are reporting an increase in their contact with people who are suffering from some type of serious mental illness. Unfamiliarity with the etiology of the various forms of mental illness, a lack of information regarding the symptoms of psychiatric problems, uncertainty about the use of psychiatric medications and few guidelines for treatment planning with this population has resulted in a high degree of frustration for chemical dependency counselors.

The counselor is often presented with a very confusing clinical picture. Cause and effect are nebulous concepts when dealing with the mentally ill substance abuser. Is the client's abuse of chemicals causing the psychiatric symptoms or is the client abusing chemicals in an attempt to ameliorate the psychiatric symptoms? Low self-esteem, anxiety, depression, the feeling of being out of control and overburdened by life are symptoms of both chemical dependency and mental illness. The chemical dependency counselor quite often finds it difficult to decide where to begin. Traditional insight-oriented approaches do not work effectively. The seriously mentally ill client is often incapable of generating insight due to a low frustration tolerance, impaired ability to generalize information and an impaired ability to regulate thought, affect and behavior. This client tends to demand a high level of service. The movement in treatment tends to be crisis-oriented and the bottom line is that the client does not get better.

Chemical dependency counselors can begin to up-grade services to the mentally ill substance abuser beginning with education and training. Chemical dependency counselors would do well to learn as much as possible about the drugs utilized to treat mental illness and the importance of reinforcing the maintenance of a strict medication regimen as prescribed by a physician. Early recognition of the signs and symptoms which occur when a person stops taking psychiatric medications which they need to remain stable is also an important training need. Mental illness takes on many forms and it is important to know what a client is saying when he says that his diagnosis is bipolar affective disorder or that he suffers from schizophrenia. Knowledge about these disabilities and their associated symptoms can assist in careful case management and the development of appropriate and effective treatment strategies.

Coordination with other professionals in the community and effective case management is vital when providing services to the mentally ill substance abuser. If the client is involved with a mental health day treatment program, transitional living house or a mental health professional the chemical dependency service provider should contact the agency to review the client's involvement in mental health treatment before beginning to work with the client. A treatment plan should not be developed until all relevant information about the client is gathered and interpreted. Chemical dependency counselors should always keep the limits of their expertise in mind. During staffings of these "special needs" clients, the program should always ask itself if it is capable of providing meaningful treatment to this individual.

The need for individualized treatment is vital when attempting to serve the mentally ill substance abuser. The chemical dependency counselor needs to be educated and trained to provide services to this population. Case conferencing and utilizing other professional expertise in the community are effective means of developing strategies that will effectively impact the mentally ill client's abusive involvement with chemicals.



## COUNSELOR CERTIFICATION CORNER

Congratulations to the newly certified  
Chemical Dependency Counselors!



541	Elizabeth Gilbertson	551	Russ Rodwick
542	Michael DuHoux	552	Mary K. Dana
543	Ronald Spotted Bull	553	Jeremiah Lowney
544	Roberta Garfield	554	Robert Nystrom
545	Tom Corbett	555	Jim Patenaude
546	Steve Lehti	556	Linda Rogers
547	Rebecca Meredith	557	Marcia Stephens
548	John Carey	558	Pat Trafton
549	Mary Ann Wells	559	Ozzie Williamson
550	Dennis Steyee	560	Adrian Roberts

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### Continuing Education

#### ATTENTION: CERTIFIED COUNSELORS

A REMINDER THAT DOCUMENTATION OF CONTINUING EDUCATION SHOULD BE SUBMITTED NO MORE THAN ONCE EACH YEAR. With 455 certified counselors, it has become necessary to evaluate and process each file only one time during a year.

#### Training Calendar

We have received a number of calls asking about the training calendar, which is usually printed quarterly. We have not been receiving enough requests for training approval recently to be able to publish the notices of workshops, however we intend to distribute a spring calendar. Those we do receive are not here far enough in advance of the workshop to print and mail the information.

Program personnel and individual counselors may ask workshop presenters or sponsoring agencies to submit the information needed to pre-approve the training. Workshops do not need to be specific chemical dependency topics to be approved for certification points. We would consider publishing a training calendar bi-monthly if we receive enough workshop information.

Counselors attending workshops that have been pre-approved by the Department for continuing education credit will submit a copy of the certificate of completion. The certificate should include the name of the counselor, title or subject of the workshop, date, number of hours or points, and be signed by the trainer or agent of the sponsoring organization.

Counselors who choose to attend training that has not been pre-approved by the Department will need to submit, in addition to the certificate of completion, an agenda with the specific breakdown of training hours, a description of the training and names of the trainers. The Department may request additional information before awarding continuing education credit for workshops which are not pre-approved.

Questions concerning certification or training approval should be directed to:

Phyllis Burke  
Certification Section  
Department of Institutions  
1539 11th Avenue  
Helena, Montana 59620  
(406) 444-4923

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### WHERE ARE YOU ALL WORKING?

The Chemical Dependency Bureau conducted an informal survey of types of employment for 467 certified chemical dependency counselors. The Bureau did this from in-house records - not from any personal interviews. We also relied on first-hand knowledge of the staff as to the most recent employment of counselors. The results are as follows:

CDB Approved Programs:	42%
Non-Approved Programs:	4%
Private Practice:	7%
Other Agencies (schools, probation, mental health, etc.):	17%
Unemployed in chemical depend- ency or related fields, out-of- state, unknown whereabouts:	<u>30%</u>
	100%

Out-of-state addresses indicate that Oregon, Minnesota and Idaho are the destinations of choice for those leaving Montana. One surprise: we assumed that more of you had entered private practice than we found.

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### A TIP OF THE HAT TO KATHY WINSLOW, PH.D.

The Chemical Dependency Bureau staff offer our congratulations and appreciation to **Kathy Winslow, Counselor for Helena School District No. 1 at the Helena Middle School**, for the completion of her doctorate in Education Administration in August, and for her work in the field of chemical dependency.

Kathy's dissertation, titled **Employee Assistance Programs in Montana's Public Schools** is a tremendous resource for anyone interested in the prevention and treatment of alcohol and drug abuse. The model EAP developed by Kathy is a great asset, not only to Montana's education system but to all people encountering the growing problem of alcohol and drug abuse in our work force.

Currently School District No. 1 has appointed a study committee to look at an EAP as a negotiated benefit for the Helena Education Association members. Kathy has been promoting this concept whenever she has the opportunity, and anyone interested in discussing her work can contact her at the Helena Middle School, 1025 North Rodney Street, Helena, Montana 59601 or (406) 442-5720.

Kathy's thesis is available at the University of Montana library in Missoula and copies will be available here at the Chemical Dependency Bureau in Helena.

In 1968, Kathy received her B.S. degree in Elementary Education at Montana State University. She earned a M.Ed in Guidance and Counseling in 1977 at Montana State University and an M.S. in Special Education - Educationally Handicapped from Eastern Montana College in 1978. Kathy has been employed as a counselor at the Helena Middle School since 1980.

Certified as a chemical dependency counselor in 1986, Kathy Winslow has been actively involved in the field of chemical dependency for ten years, working with young people and families impacted by alcohol and drug abuse. Kathy has been a member of the school district's Chemical Dependency Committee since September 1981. She has served on the FOCUS Team, the Lewis and Clark STOP-DUI Task Force, and the Chemical Awareness Coalition -- Community Task Force on Chemical Awareness.

A knowledgeable and skilled public speaker, Kathy has made presentations for Parents are Responsible, Adolescent Stress and Peer Counseling, Organizing Substance Abuse Education Programs, Community Intervention, Adolescent Chemical Dependency, Children are People, and many other presentation projects.

Kathy is married to Erv Winslow, Acting Superintendent of Schools, and they have five children.

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## OMNIBUS ANTI DRUG ABUSE LEGISLATION

On October 22, 1988, both the House and Senate finally passed an Omnibus anti-drug abuse bill that provides for increased education, prevention, and treatment programs, broader federal drug interdiction efforts, and more assistance to local law enforcement and anti-drug activities.

The Anti Drug Abuse Act of 1986 established three new federal fund grant and aid programs to counter drug abuse; drug laws enforcement, administered by the Department of Justice; drug free schools, administered by the Education Department; and alcohol and drug treatment and rehabilitation (ADTR), administered by the Department of Health and Human Services. The Anti Drug Abuse Act of 1988 reauthorizes these three programs and merges two of them with previously existing programs.

Appropriations in 1989 for the three programs total \$1.18 billion, an increase of 11.9% over comparative levels for 1987. Substantial reductions for law enforcement grants are more than offset by increases for education and treatment grants. In Montana, the principal administrators for the three block grants are the Department of Justice for drug laws enforcement, Office of Public Instruction for drug free schools, and the Department of Institutions' Treatment Services Division for alcohol, drug abuse, and mental health services block grant.

It is currently estimated that Montana will receive \$2,964,000 each year in FYs 1989, 1990, and 1991 for the Alcohol, Drug Abuse, and Mental Health Services (ADMS) block grant which is approximately \$141,000 per year over the FY 1988 award.

Other estimated amounts listed for Montana under the Omnibus Drug Act of 1988 include drug free schools and community state grants \$1,421,275, up from the FY 1988 allocated level of \$945,911 and justice formula grant funds \$1,126,000, up from the FY 1988 allocation of \$817,000.

Highlights of the various treatment and prevention provisions under the Omnibus bill are:

- ▶ authorizes \$1.5 billion for FY 1989 and such sums as necessary for FYs 1990-1991 for a new alcohol, drug abuse and mental health block grant;
- ▶ a new funding formula based on population at risk, population living in urban centers, and total taxable resources will be used to distribute the funds to the states;
- ▶ for FY 1989, each state must agree to use new amounts appropriate in the drug bill for substance abuse programs (not mental health) and spend at least 50% for IV drug abuse treatment. The Secretary may, in FY 1989, upon request of the state, waive all or part of the 50% IV drug abuse requirement.
- ▶ states are required to establish a revolving loan fund of not less than \$100,000 and to make available loans not exceeding \$4,000 to enable groups of four or more persons to set up group homes for recovering alcohol and other drug abusers;
- ▶ a new grant program is authorized to reduce waiting lists of public and private, nonprofit treatment programs. Grant applications must be experienced in the delivery of drug abuse treatment and must have a waiting period of one month or longer;
- ▶ the Office for Substance Abuse Prevention (OSAP) received an additional appropriation of \$30 million for a new high risk youth demonstration project and new projects for pregnant and post partum women and their infants;
- ▶ evaluation of efficiency of drug treatment and vocational training exchanged for community service and outreach programs for IV drug users to prevent AIDS;





- ▶ minimum percentage requirements for each state's alcohol and drug portion of the ADMS block grant remain the same:
  - 35% for alcohol and alcohol abuse programs and activities;
  - 35% for drug abuse programs and activities; and
  - 20% for alcohol and drug abuse prevention and early intervention.
  - 10% of ADMS block grant must be used for programs and services designed for women.
- ▶ \$100 million in additional appropriations as provided for FY 1989 for the drug free schools and community acts;
- ▶ drug abuse education is to be provided for participants in supplemental food programs for women, infants and children under the Child Nutrition Act;
- ▶ \$1 million is authorized and appropriated for the development of materials to be used in early childhood development programs, including Head Start;
- ▶ \$15 million is authorized to Office of Human Development Services for grants to nonprofit public organizations to prevent and reduce youth participation in gangs and engage in drug related activities;
- ▶ \$15 million is authorized to the Office of Human Development Services to provide counseling to runaway and homeless;

Other noteworthy provisions are:

- ▶ at the court's discretion, federal benefits may be deprived to anyone convicted of distributing illegal drugs for up to five years after the first conviction, up to ten years after the second, and permanently after the third;
- ▶ the death penalty is allowed for any person engaging in or working in furtherance of a continuing criminal enterprise or any person engaging in a drug related felony offense who intentionally kills or counsels, commands, or causes the intentional killing of an individual;
- ▶ alcohol warning labels will be required, 1) stating that women should not drink alcoholic beverages under pregnancy because of the risk of birth defects and 2) stating that the consumption of alcohol impairs one's ability to drive a car or operate machinery and may cause health problems;
- ▶ \$25 million is authorized for FY 1989 and \$50 million for FYs 1990-1991 for supplemental grants by the Transportation Department to states that adopt and implement drunk driving prevention programs;

It is apparent that, with the amount of new money for chemical dependency services and the stipulation that half must be used for IV drug use, Congress has put a tremendous emphasis on the concern with AIDS and IV drug use. The Chemical Dependency Bureau at the present time is trying to determine the amount of IV drug use in Montana utilizing both the submission data of volunteer drug use surveys by IV drug clinics in chemical dependency programs and on-site evaluation of IV treatment data in state approved programs. All state approved treatment programs have been required to develop policies regarding the admission of IV drug users and document IV drug use in treatment files.

Of particular concern to the Chemical Dependency Bureau at the present time is establishing and administering a revolving fund to make loans for the cost of establishing programs for the provision of housing in which individuals recovering from alcohol or drug abuse may reside in groups of not less than four individuals. Currently, the Department is awaiting the guidelines from ADAMHA for this program.

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NOW YOU KNOW: Marijuana is number one cash crop in Hawaii....Of the 90,000 people living on big island of Hawaii, about 15,000 are believed to be involved in some way in growing and marketing marijuana....Moreover, DEA estimates more than 90% of what's grown in Hawaii ends up in continental USA.

FROM: Pulse Beats  
Jan. 1989



**STEROID ABUSE**  
**Some Facts & Resources for Prevention**

**Prevention Perspectives**  
**January, February, 1989**

Since the Seoul Summer '88 Olympics, there has been much publicity about the use of anabolic steroids by young athletes and non-athletes across the country. **USA Today** estimates there are 1 million steroid users in the country, "more than half of them under age 18" (10/26/88). A recent channel 4 News Special reported estimates of 6% of all high school males currently using the drug. Since steroids are not currently under the jurisdiction of the Drug Enforcement Administration, it is difficult to come up with very exact prevalence data. Current testing methods are also expensive, and labs are few in number.

Those close to the scene in Colorado acknowledge that steroid use is on the rise, especially among young males, many of who are "pumping up" not for athletic strength but simply for what they perceive is good looks. A main concern among Colorado high school coaches is not that high school students are using, but that **students are not being prepared in high school for the tremendous pressures they will face later to use the drug.** There is agreement in the field that steroid use in college and other post-high school athletics is very prevalent indeed.

Steroids are attractive to many youth because they do build muscles, but they also cause tumors, high blood pressure, hair loss, shrunken testicles, acne, liver and kidney disorders, and erratic sleeping patterns. In young users, steroids can also stop growth. Perhaps even more frightening, steroid use can lead to violent mood shifts and increased aggression and violence. Prolonged use can lead to death.

Steroids are easy to come by and are relatively inexpensive. This reality, coupled with adolescents' and athletes' apparent disregard for the dangerous side effects they cause, make steroids a serious problem that schools and communities can begin to address.

Resources for the prevention of steroid use are still scattered and emerging. Below are listed some resources we are currently aware of that can help schools and community groups as they plan prevention activities with athletes and others.

**VIDEOS**

**Steroids and Sports**, 19 minutes from Chemical Dependency Bureau, Audio-Visual Library, Department of Health, 444-4764.

**A Shortcut To Make-Believe Muscles**, 32-minutes from Community Interventions, Inc., 1-800-328-9000, \$125.

**Drugs and the Collegiate Athlete**, a 4-part video series available from the National Collegiate Athletic Association (NCAA) Communications Dept. PO Box 1906, Mission, KS 66201, (913) 384-3220, \$39.95.

**Downfall: Sports and Drugs**, from PRIDE, 1-800-241-7946, U.S. Department of Education video, available for use or copying in every school district.

**The Dangers of Steroid Use/21 Jump Street**, a video produced by the NFL for its Drug Educational Series. You may make free copies of this video by contacting the National High School Athletic Coaches Association, (904) 622-366.

**PRINT MATERIALS**

**For Coaches Only: How to Start A Drug Prevention Program and Team Up For Drug Prevention with American's Young Athletes**, free booklets available from Ron Hollingshead at the Denver Drug Enforcement Administration, (303) 844-3951.

**Athletes and Drugs: A No-Win Combination**, a booklet from Community Interventions, 1-800-328-0417, \$2.95.

**Paying the Price**, by Thomas M. Griffin, a 24-page booklet from Hazelden Educational Materials, 1-800-328-9000, \$.95.



**Chemical Health: School Athletics and Fine Arts Activities**, a guide book for schools from Hazelden-Cork, available from Hazelden Health Promotions, 1-800-257-7800, \$12.75.

**Drugs and the Athlete**, a booklet from NCAA Publications, PO Box 1906, Mission, KS 66201, (913) 384-3220, \$3.00. They also sell a set of three posters on prevention of steroid use, \$5-members; \$10-non-members.

**Preventing Steroid Abuse in Youth: The Health Educator's Role**, by George White, et.al., in **Health Education**, August/September 1987, **Anabolic Steroids**, a fact sheet by C. Clark, **A Chronicle on Drug Abuse**.

Posters (\$8.95 per/4) available from **Trust for Youth on Substance Abuse**, PO Box 60934, Pasadena, CA 91106-6934, (818) 792-1415, a non-profit organization whose purpose is to convince youth that athletics, alcohol and drugs do not mix.

#### ORGANIZATIONS

**Montana High School Association**, 1 South Dakota, Helena, Montana, 59601, 442-6010.

**TARGET**, a program of the National Federation of State High School Associations, provides resources and trainings. For information call or write PO Box 20626, Kansas City, Missouri 64195, 1-800-366-6667.

**National Collegiate Athletic Association (NCAA)** has resources for college-aged populations, PO Box 1906, Mission, KS 66201, (913) 384-3220.

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#### JUST SAY NO CLUB

Children in Kalispell's "Just Say No Club" are resuming their meetings this year. The club is open to youngsters in grades four through six. Last year, approximately 350 students were involved in the club's activities.

Healthy recreation is just one part of the club's activities. The foundation of the club is strengthening students' abilities to refuse drugs, alcohol, cigarettes, sex, theft and truancy in the face of peer pressure.

According to Sharon Scott, a professional counselor and social worker from Dallas, children are expected to make earlier decisions. Today, children on an average are offered their first drink at age 11½ years as opposed to the person, age 35 years and older, who were offered their first drink at age 17 or 18. The "Just Say No Club" wants to help students make good decisions.

Kay Hopkins is the advisor of the Kalispell club as well as Project Director for the CARE Program.

For further information contact: Kay Hopkins, Flathead CA/RE, Box 88, Kalispell, MT 59901.

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#### ALCOHOL EFFECTS ON FETUS CARRY OVER INTO CHILDHOOD

Fetal alcohol syndrome, which results from large quantities of alcohol ingestion during pregnancy, is characterized by brain damage, retarded growth and facial malformations. While the syndrome represents the extreme of alcohol's harmful effects on the unborn child, a new term, "fetal alcohol effects" represents the damage which smaller quantities of alcohol can cause.

A study of four-year-old children demonstrated that the effects of alcohol during pregnancy can carry over into early childhood. Two groups of four-year-olds, born to mothers who drank during pregnancy, were examined by a physician who was not informed of the prenatal exposure. One group was exposed to more alcohol than the other.

Eighty percent of infants who had fetal alcohol effects at birth continued to exhibit symptoms at four years of age. Fetal alcohol effects most commonly included anomalies of the hands and face.

FROM: Drug Abuse Update, Dec. 1988



## MONTANAN'S CARING FOR KIDS CONFERENCE RESCHEDULED

Due to our recent "Artic Blast" the third annual Montana Caring for Kids Conference has been rescheduled. The conference has been scheduled for April 27-28, 1989. The Butte community is still hosting the conference at the Copper King Inn and War Bonnet Inn. The conference is co-sponsored by the Montana Communities in Action, Citizen's for Chemical Awareness and the Department of Institutions. The Board of Crime Control and Highway Traffic Safety is providing the featured speaker, **Frank Medina a criminal investigator on cults and ritualistic behavior**. Mr. Medina's presentation is scheduled for Thursday, April 27th from 7-10 p.m. Those wishing to attend only Mr. Medina's presentation will have an opportunity to purchase separate tickets. This will be part of the conference for registrants of the Montana Caring for Kids Conference and a separate fee will not be assessed.

Two tracks, a youth and an adult will be offered. The youth conference will be at the War Bonnet Inn with the adult track at the Copper King Inn. Following is a tentative agenda of the adult track.

### Thursday, April 27, 1989

7:00 a.m. - 8:00 a.m.	Registration, Coffee and rolls.
8:00 a.m. - 9:30 a.m.	Orientation. Teen Theater.
9:30 a.m. - 9:45 a.m.	Break
9:45 a.m. - 10:45 a.m.	Workshops
	1. Teen Pregnancy/Sexuality
	2. Suicide
	3. Addiction
	4. Eating Disorders
	5. Family Dysfunction
	6. Self Esteem
	7. Loss/Change/Growth
	8. Communication
11:00 a.m. - 12:00 noon	Workshops repeated
12:00 noon - 1:00 p.m.	Lunch (Banquet Style)
1:00 p.m. - 2:15 p.m.	Mental Health Enhancement
2:15 p.m. - 2:30 p.m.	Meditation
2:30 p.m. - 3:00 p.m.	Vulnerability
3:00 p.m. - 4:00 p.m.	Workshops
	1. Burnout/Stress
	2. Relationships
	3. Peer Pressure
	4. Transition Stages
	5. Expectations
	6. Physiological Effects of Chemicals
	7. Communication
	8. Special Populations: Developmentally Disabled
4:00 p.m. - 4:15 p.m.	Break
4:15 p.m. - 5:15 p.m.	Workshops Repeated
5:15 p.m. - 7:00 p.m.	Dinner on own
7:00 p.m. - 10:00 p.m.	Frank Medina: Cults & Ritualistic Behavior

### Friday, April 28, 1989

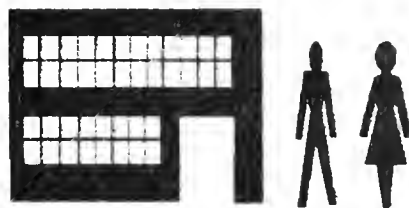
7:30 a.m. - 8:00 a.m.	Coffee and rolls.
8:00 a.m. - 8:30 a.m.	Native American Dance.
8:30 a.m. - 10:15 a.m.	Native American Vision
10:15 a.m. - 10:30 a.m.	Break
10:30 a.m. - 11:00 a.m.	Round Robin Discussion
11:15 a.m. - 12:15 a.m.	Workshops
	1. Grant Writing
	2. Policy Making
	3. DUI Task Forces
	4. Resources available
	5. Employee & student assistance
	6. Evaluation
	7. How to involve parents
	8. Involving athletics
	9. Crisis Intervention
12:15 a.m. - 1:00 p.m.	Lunch (Banquet style)
1:00 p.m. - 2:00 p.m.	Goal Setting
2:00 p.m. - 3:00 p.m.	Morning Workshops Repeated
3:00 p.m. - 3:15 p.m.	Break
3:15 p.m. - 4:30 p.m.	Teen Panel. Closure

For further information please contact Marcia Armstrong (444-2878), Bud Walsh (723-4001) or Marko Lucich (723-8262).





# THE CARE PROGRAM: A TEAM EFFORT



By Michaela Messman  
and Gail Hager

Like countless communities throughout the United States, Great Falls, Montana, has not been immune to the tragic deaths of young people due to alcohol-related accidents. During the 1970s and into the 1980s, the children of Great Falls were as preoccupied with keggers, "cruisin' the drag," drinking beer, and smoking dope as youngsters elsewhere in the country. The cost of their preoccupation was high. In addition to untimely deaths, the community became increasingly conscious of other casualties related to alcohol and other drug use. Chemical abuse was affecting the youngsters' ability to learn, to make positive choices, to grow to emotional and psychological maturity, and to lead meaningful and productive lives. The reality was that Great Falls was dealing with teenage alcoholics and drug addicts.

These realizations motivated one woman, a former high school dean, to search for a way to end this alarming trend. Her concern and determination motivated the entire community to ask questions and look for answers. The city sought and found their answers by hiring a professional consulting and training firm. This outside resource provided the basic guidelines and direction that Great Falls needed to develop a program to address the problems of chemical abuse among adolescents.

In September 1981, a consulting firm conducted a training workshop for key community people, school board members, school administrators, and faculty members. The first training workshop and all those that followed were absolutely vital. They gave participants a common foundation so that all were coming from the same place - speaking the same language and working with a shared philosophy toward the same goals. The initial training introduced a pre-developed program that was readily adaptable to the needs of Great Falls.

The training offered more than philosophy, goals, and programming. It heightened awareness of the disease concept of chemical dependence and the effects of the disease on families, individuals, schools, and the community. Through experiential learning (e.g. role playing in small groups), hearts as well as minds were touched by the power that each individual has to make a difference in the lives of the community's young people. Training not only taught people to work together but encouraged all participants to personalize the experience by examining their own attitudes, thoughts, and behaviors and to become more aware of themselves as feeling beings.

The training consultants never promised instant solutions. The trainers were realistic about the roadblocks, the cynicism, and the challenges to come. The community and the schools realized that it might be as long as seven years before a significant change would result from its efforts. But being aware of the challenge did not diminish the hope and excitement about what could be accomplished if everyone worked in concert.

It was tremendously important to have key community administrative, school board, and faculty people trained together. That strong, enthusiastic core of decision makers and doers has been the key factor in the community's success. Business and service organizations have, since the beginning, given their moral and financial support to offering assistance with the training workshops. Since 1981, 15 training workshops have been held in Great Falls; the workshops keep the efforts to combat teenage alcohol and other drug abuse vital, dynamic, and alive.

## **The First Year: Laying the Foundation**

During the first year of community and school involvement in implementing a workable solution to the problem of teenage chemical abuse, two separate but overlapping programs were developed - the Community Core Team program and the CARE (Chemical Awareness/Responsive Education) program, which is the school student assistance program (SAP).

"...a program aimed solely at the secondary level was too little too late."



To start, the Community Core Team program was established. This group is a coalition of concerned citizens, school personnel, and members of civic organizations and social service professions; the group includes judges, lawyers, law enforcement officers, probation officers, ministers, tavern owners, parents, teachers, school board members, chemical dependence service providers, and service organization volunteers.

From the beginning the media, through their reporting and promoting of all activities, were essential to community consciousness-raising efforts. Also, Alcoholics Anonymous and Al-Anon, which are traditionally inconspicuous groups in the community, contributed their insight and expertise as the developing programs charted unknown territory.

The team's goals were to heighten public awareness and promote unified action regarding drug and alcohol problems in the city. The Community Core Team serves as a link between the community and the schools. It contributes greatly toward a cooperative front against the epidemic of chemical abuse among adolescents.

At the same time that the Community Core Team was formed, the school district set about developing its own internal program. At the administrative level, the board of trustees and central administration established board policy and a financial commitment to the development of a school program. The individual schools in the district began their program-building efforts with the knowledge that they had the full commitment and support of the board and the administration.

Next, individual CARE teams were established for each secondary school; each team consisted of staff who had been trained in the initial community workshop. Each school appointed a CARE team chairman. The first year, the CARE team in each building was responsible for promoting student and staff awareness regarding the purpose and goals of the team and the program. The teams developed a referral process to help students who were experiencing problems that might be related to chemical abuse. From the start, the CARE program was seen as SAP.

The commitment to student assistance was so strong that, in the first year alone, the approach to dealing with students who faced disciplinary action as a result of using chemicals in school or at school functions changed. The policy of mandatory expulsion as a consequence of such violations was revised. The new policy dictated a mild in-school suspension but, more importantly, required attendance at a 12-hour intensive self-examination and awareness education class called "Insight."

By the end of the first busy year of the CARE program, the district had made a commitment to create the position of district CARE coordinator. The coordinator was to act as liaison between the Community Core Team, the school board, the central administration, the building CARE teams, and the public.

## **The Second Year**

With the groundwork laid, the second year brought the establishment of small student support groups, the development of a prevention curriculum, and a district advisory committee composed of CARE team chairmen from each school and representatives from the community. Concern about the harmful effects of chemical use on young people was reiterated when the board of trustees adopted a no-use policy for all students, including a special "gathering clause" for those students involved in school athletics and other extracurricular activities. The gathering clause prohibits students who participate in school-sponsored extracurricular activities from attending any function at which minors are using alcohol or other drugs. Students who violate the gathering clause are suspended from their extracurricular activities for 30 days and must attend an Insight class. Staff development continued and group facilitator training was conducted to assist people working directly with students in small groups.

Early in the CARE program's second year an anonymous, random survey was conducted of the student population in grades 7-12. If there had been any doubts about the need for a comprehensive prevention/intervention program, the survey shattered them. It revealed that among survey respondents, 90.3% of the high school students indicated they used alcohol or other drugs, 49.1% of the juniors and seniors admitted to weekly use, and 26.7% of all the secondary school students reported that someone in their immediate family had a problem of chemical use. The survey also yielded other alarming statistics. Only 6.6% of all high school juniors and seniors said they had experimented with chemicals prior to grade 6, compared with 13.5% of the current 7th and 8th graders. This statistic promoted the acknowledgement that a program aimed solely at the secondary level was too little, too late.



## The Third Year

To address the need to reach students early, the third year of CARE began with a determination to extend the program into the elementary school level. Whereas the program for secondary school students focused primarily on intervention, prevention became the emphasis in the elementary grades; children need information before they make a decision to use drugs. Training sessions held that year included elementary school teachers and administrators.

Public presentations were given to heighten parent and community awareness in the third year of the program. Nationally known speakers, such as Claudia Black and Virginia Satir, helped Great Falls residents to understand more about chemical dependence and its effects on families, youths, and the community. A **Parent Guide** was developed by the Community Core Team, and open meetings were held so parents could ask questions and express concerns.

Well into the CARE program's third year, it became apparent that in order to keep enthusiasm high, prevent burnout, and maintain perspective, the program needed a periodic boost. In the spring of 1984, the CARE advisory committee sponsored the first "renewal" to encourage program participants to share strengths, pat one another on the back, and look to the future. The renewals, which include retreats, speakers' meetings, program updates, refreshments, and sharing time in small groups and one-on-one, have become integral parts of the CARE program's ongoing success.

## Continuing Growth

The CARE program has shown healthy growth in the past four years. Student support groups, the backbone of the SAP, have been expanded and now include groups that are specifically related to drug/alcohol issues, as well as other groups that simply address many of the problems of being a teenager today. The student groups include the following:

- ▶ Concerned Persons Groups, for students who are worried about a family member's chemical use;
- ▶ Support Group, for students who have decided not to use chemicals and need peer support;
- ▶ Aftercare, for students who have completed chemical dependence treatment and/or are involved in Alcoholics Anonymous;
- ▶ Topical groups for specific student concerns, including grief, eating disorders, suicide, and parents' divorce; and
- ▶ Growth Group, for sharing and getting support for the issues of just growing up.

Experience has shown that small groups of 8-12 students meeting during the school day with two adult facilitators provide students with the opportunities to:

1. share and receive support;
2. learn decision-making, coping, and communication skills;
3. try new behaviors in a safe and trusting setting;
4. learn to express feelings; and
5. develop a greater appreciation of themselves and others.

One of the primary concerns as the program expanded has been how to ensure that CARE would not be a short-lived program, one that would fizzle as enthusiasm and dedication waned. To prevent this, the program needed to be continually revitalized. This is being accomplished by involving and training new people.

Because the district could not afford the ongoing expense of hiring outside trainers and because ultimately the expertise about the program lay with the people who worked in it everyday, the CARE program began conducting training workshops. During the past four years, 570 school and community people have participated in CARE workshops.



The workshop experience was so meaningful for the CARE staff and community participants that it has been extended to the students. In the fall of 1986, CARE held its first student CARE workshop. Sixty students from the district's two high schools and one alternative high school attended a 32-hour workshop at a nearby convent that hosts many community meetings. There they broadened their awareness about the effects of alcohol and other drugs on users and the families. Also included were other topics of particular interest to teens, such as suicide, pregnancy, eating disorders, and child abuse.

This training is something like school and something like a retreat. It is a time that young people can learn to appreciate themselves and others. The response from participating students was enthusiastic and positive.

As the school program expanded, the community program grew as well. Parents Are Responsible, a ten-week parenting course, and Tough Love groups became community resources for parents. (Tough Love is a self-help program for parents troubled by their teenager's behavior.) The PTA sponsored a March Against Drugs and Alcohol; the Optimistic Club initiated Just Say No clubs; and parents' groups organized chemical-free graduation parties. The Lions and Moose clubs lent their support by financing student participation at a substance abuse awareness camp and by promoting a teen conference to deal with chemical abuse issues.

The Community Core Team again trained a large number of community and law enforcement people and sponsored a statewide conference for more than 650 educators, students, and other concerned citizens. A Students Against Drinking and Driving (SADD) chapter was founded and has earned \$24,000 in scholarship money for its members by entering and winning national poster contests.

Other schools and communities also became interested and sought technical assistance from Great Falls. To date, 79 schools in 20 states have requested assistance in program development from CARE and the Community Core Team.

There are residual benefits to helping others. The CARE staff gets new ideas from the schools it assists, and the networking has inspired growth and introspection.

Offering technical assistance to schools in other communities has enabled the CARE staff to draw some conclusions about the elements common to most successful SAPs. Based on observation and experience, the CARE staff offers the following recommendations to any school district interested in establishing a successful SAP:

- ▶ **Involve the community from the beginning.** Chemical abuse is not just a school problem or a family problem. To make an impact on substance abuse, the whole community (including law enforcement officials and school personnel) must share a common philosophy.
- ▶ **Start with professional training.** All the people working in a school/community program should have a common starting point - a common language, background, and philosophy with regard to their shared objectives. With professional guidance, there is no need to start from ground zero. Good programs are ready and waiting to be adapted to each individual community's needs.
- ▶ **Train key people.** Focus, commitment, and enthusiasm are musts for school board members, central administrators, and building administrators. They are the ones who set policy, provide budgets, and make staffing decisions that facilitate the program.
- ▶ **Start slowly.** Schools and communities that are developing drug and alcohol programs often face the same obstacles to program implementation as families do in substance abuse recovery - enabling, denial, blaming, and rationalization. These behaviors are resistant to change. Start with training, policy development, and community and staff awareness. Go slowly, be patient, and don't get discouraged.
- ▶ **Train building counselors early.** The schools in the Great Falls district that function best are the ones in which the school counselors in each building are committed to the program, work closely with the teaching staff, and are not threatened by turf issues (i.e., they do not feel that their territory is being invaded when teachers facilitate support groups).
- ▶ **Involve the students.** Find out what students need. Help them understand that this is a program for them, not something that is being done to





them. The measure of a good SAP is whether the students trust it. Will they use it themselves and refer their friends?

- ▶ **Avoid misplacing the emphasis.** In the beginning, the Great Falls CARE program focused primarily on intervention (getting students into treatment), "busting" students who were using drugs at school, and facilitating the insight groups that are mandatory for abusers. Although intervention is important, the CARE program now focuses more energy on prevention and student assistance, beginning in elementary school.
- ▶ **Take care of yourself.** This is probably the most important advice of all. Working in SAP can be overwhelming and consuming. Pace yourself. Renewals, retreats, praise from colleagues, and self-help programs are all necessary for keeping a good perspective. Each person has a contribution to make, and each person is important to overall success.

#### **Accomplishments and Future Goals**

The CARE program has been showcased as a model program at the National Native American Drug and Alcohol Symposium in New Mexico and at the Western Regional Conference in San Francisco. In 1987, the CARE program was presented the Outstanding Program Award by the National Association of Student Assistance Programs and Professionals, at the organization's national conference in Chicago. Most recently, in January 1988, two of the district's schools were nominated to represent Montana in the National Drug-Free Schools Recognition Program sponsored by the U.S. Department of Education.

Although the awards and recognition are gratifying, the actual program results are the real rewards. The growth in the number of student support groups and the increase in the number of students who voluntarily make use of those groups evidence the fact that students see CARE as their program - one they can trust and respect.

The goals for the future of CARE are to:

- ▶ increase parent awareness, support, and involvement;
- ▶ continue staff and student training;
- ▶ increase facilitator training to instill more skills and techniques for conducting groups;
- ▶ continue renewals and other ways of avoiding burnout;
- ▶ continue to refresh trainers with up-to-date information and skills;
- ▶ administer another student survey;
- ▶ increase activities for elementary school students; and
- ▶ work with community services, such as law enforcement, the judicial system, and the youth court system.

#### **Conclusion**

The CARE program has given Great Falls schools more than a fine SAP and a vehicle to address substance abuse issues. As a result of CARE's existence, there is an atmosphere of warmth, trust, and openness in the school district. In this time of tight budgets, static salaries, and increased stress from every direction, CARE is the kind of program that reminds teachers why they became educators. Pro-grams like CARE are a place to start to make a difference in the lives of students.

Michaela Messman is a trainer, CARE team member, and counselor at the Charles M. Russell High School in Great Falls, Montana, as well as a former building CARE team chairman and advisory team member. Gail Hager is a building CARE team chairman and advisory team member, trainer, and counselor at the Charles M. Russell High School, as well as a State of Montana certified drug/alcohol counselor.

For further information contact: Jim Gamell, CARE Coordinator, Great Falls Public Schools, PO Box 2428, Great Falls, MT 59403-2428.

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## 1988 TEEN-AGE DRUG USE CONTINUES AT EPIDEMIC LEVEL, STUDY SHOWS

ATLANTA, GA., Dec. 20 -- A Study of more than 200,000 students in grade 6-12 reveals that adolescent drug use continues to epidemic proportions in the United States, the Parents' Resource Institute for Drug Education (PRIDE) reported today.

But the 1987-88 Summary of Findings from the PRIDE Questionnaire For Grades 6-12 discovered that scant drug use actually occurs in school buildings, shattering one widely held notion about adolescent drug use.

"What people have been saying about the need for drug-free schools is based upon a misconception. Our study shows that very few students use drugs in schools. Students use drugs in their homes, in the homes of friends, and in cars, primarily at night and on weekends. We don't have a 'school drug problem,' we have a community drug problem," said Dr. Ronald D. Adams, author of the study.

Less than 2% of the total respondents indicated that they use alcohol, marijuana or cocaine in school.

The study is based upon responses to the PRIDE Questionnaire by 203,062 junior and senior high school students in 24 states during the 1987-88 school year.

### Major Findings

"Adolescent drug use in the United States continues to be of epidemic proportions," Adams said.

More than one in five (20.1%) senior high school students (grades 9-12) acknowledged using marijuana at least once in the past year, and almost one of every two (45.6%) said they drank liquor.

Of those who drank liquor, almost a third (30.3%) said they usually become "very high" or "bombed" when they do.

Adams believes the need for increased drug education and prevention measures is indicated by the findings of the study.

"We can prevent this epidemic from destroying our families, communities, states and nation. A PRIDE premise has always been that students will refrain from using drugs if they perceive their use as harmful to their own health, and our research has tended to prove this," Adams observed.

Yet an unacceptable percentage of junior and senior high school students do not strongly acknowledge the dangers of drug and alcohol use, the study reveals.

One in five (19.6%) students expressed doubt as to the harmful health effects of marijuana; a third (38.5%) were doubtful of the health hazards of liquor; and 14.5% were unsure of the dangers of cocaine.

The PRIDE Questionnaire is perhaps the first major research effort into adolescent attitudes and use of wine coolers.

Even though wine coolers have a higher alcohol content (4-6%) than beer (3-4%), students perceive wine coolers as less harmful. Alarming majorities were uncertain about detrimental health effects caused by beer (56.1%) and wine coolers (64.6%), the most widely-used drugs by male and female students in all grades.

Of senior high students, 57.9% reported drinking beer in the past year, and 56.4% wine coolers.

The only drug category for which the percentage of female use exceeded that of males was wine coolers. Some 58.3 percent of senior high females reported drinking wine coolers during the past year, versus 53.9 percent for males.

Half (50.8%) of all students found beer and wine coolers "fairly easy" or "very easy" to obtain, while a quarter (25.8%) said the same for marijuana. Cocaine was less available, although 12.1% gave the "fairly easy" or "very easy" response.



### Junior High Usage Reported

The **PRIDE Questionnaire** is the only study completed on an annual basis that collects information on the prevalence and patterns of drug use by both junior and senior high students in the United States.

At the junior high school level (grades 6-8) the study showed that nearly a third (30.8%) of the students reported some beer use, while one in five (22.1%) noted cigarette use.

Alcohol and tobacco, particularly beer and cigarettes, are regarded as "gateway" drugs, and early use by young adolescents has been linked to later use of other illicit drugs, **PRIDE** research has shown.

Other rates of drug use by junior high students were: wine coolers, 29.5%; liquor, 17.9%; and marijuana, 5.7%.

A greater percentage of junior high students (3.9%) than twelfth graders (3.8%) reported inhaling potentially deadly chemicals such as model airplane glue, nail polish, cleaning fluid and gasoline.

### Use of Cocaine, Uppers and Downers

A lower percentage of students reported using cocaine, uppers (stimulants) and downers (depressants) than alcohol, tobacco and marijuana. However, Adams cautioned against too much optimism in interpreting the results. Even low percentages of cocaine use represent students as young as 12-year-olds who have reached very dangerous stages of drug use, he said.

For junior high students, use of cocaine and depressants was under 2% and use of stimulants under 3%.

"In the survey sample alone these percentages represent hundreds of children, as young as 12, who are well on their way toward living a drug dependent lifestyle, if not already addicted. In the total U.S. population, we could be talking about many thousands," Adams observed.

He said young adolescents who have already tried cocaine, uppers and downers are almost certainly poly-drug users.

Overall cocaine use for senior high students was reported at 3.9%; however, 5.1% of the male students reported using cocaine, almost twice the rate as for female students.

Use of depressants was under 5% for both male and female students in senior high.

Relatively small percentages of students in junior high (1.1%) and senior high (3.1%) acknowledged hallucinogen use.

### PRIDE's History

Since its inception in 1977, **PRIDE** has been at the forefront of the drug prevention cause in America. Today, its network includes more than 60,000 leaders of the movement across the nation and in nine other countries.

**PRIDE's** annual World Drug Conference in Atlanta is the largest gathering of its kind. The 1989 Conference will be held at the Georgia World Congress Center, April 10-15. Plus there are **PRIDE** conferences in Australia, Canada and West Germany.

**PRIDE** recently completed the filming and release of a television documentary examining the relationship between sports and drugs, including anabolic steroids.

**PRIDE** regularly serves as a source of information for a number of major national and international news organizations.

### The PRIDE Questionnaire

The **PRIDE Questionnaire** Data Archives, containing more than a million student responses, is the largest database of adolescent drug use.



The questionnaire has undergone seven years of development. Reliability and accuracy studies, as reported by Dr. James Craig, Western Kentucky University and Dr. Jim Emshoff, Georgia State University suggest data obtained from school surveys using the **PRIDE Questionnaire** are highly reliable and accurate, and estimates of drug and alcohol prevalence and patterns of use are only slightly underestimated.

Each school or school system conducting a survey utilizing the **PRIDE Questionnaire** was provided with questionnaire forms and directions for administering the questionnaire for each classroom. The questionnaire forms were scored by machine.

The 1987-88 Summary of Findings is based upon surveys taken in schools that requested the **PRIDE Questionnaire** in these states: Alaska, Alabama, Arkansas, California, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Kentucky, Missouri, Mississippi, New Mexico, New York, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin and West Virginia.

PRIDE December 20, 1988

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#### POTENTIAL GRANTS AVAILABLE

OSAP's Division of Demonstration and Evaluation

A second High Risk Youth Grant announcement will be out around mid-February. Seven million dollars will be available. A series of 5 regional workshops for potential bidders are being planned. Applications will be due in mid-May. A second round with approximately \$12 million available will be due in December. Although these will be similar to the last High Risk Youth Grant announcement, there will be a focus on multiple problems, age groupings and on both risk and resiliency approaches. Tentative plans are for 35-40 grants averaging around \$150,000. A series of regional technical assistance workshops are intended to provide potential applicants with the chance to hear from OSAP about what they are looking for in the applications. These are to take place in mid-March immediately prior to our Prevention Research Conference. In addition, OSAP has indicated they may be willing to accept concept papers from potential applicants and respond to those if there is sufficient time to do so between the release date and application date.

The Pregnancy/Post-Partum Grant announcement should be out in mid-February. Approximately \$4.5 million is available. Grants are expected to average around \$200,000. Priority will be on proposals that tie together different sectors of the community that deal with women with an emphasis on lower income women. OSAP is trying to get five-year funding for these grants. Coordination with M&I and WIC should be demonstrated.

Presently, this office has not received any further information. If interested, please contact Marcia Armstrong (444-2878) or OSAP's Division of Demonstration and Evaluation (301) 443-4564.

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#### TRAINING AVAILABLE

June 12-15, 1989

Helena School District #1 will sponsor a workshop entitled "The Elementary Child." This workshop will be presented by Minnesota Trainers, Inc., and is endorsed by the Office of Public Instruction. Interested people may contact **Judy Griffith** at 449-8184. The cost is \$350.00 which includes lunch, snacks and all materials. **(6 points)**

This workshop will deal with signs and symptoms of at risk populations, high stress family systems, meeting the needs of young children of alcoholics and many other selected topics.

June 13-16, 1989 and June 20-23, 1989 (separate workshops)

Community Connections will sponsor a workshop entitled "Alcohol and Drugs: A Community Approach to Alcohol and other Drug Abuse by Youth." This workshop will be presented by Montana trainers. Interested people may contact Community Corrections, 1245 Park Garden Road, Great Falls, 59404 (761-6680). The cost is \$250.00 which includes books, materials, coffee breaks/snacks. **(6 points)** This 4 day, 40 hour workshop will provide educators, parents, law enforcement, judicial and other concerned persons the information and skills necessary to implement an effective student assistance program in their community and schools.





**JOHNSON FOUNDATION MAKES \$27 MILLION AVAILABLE  
FOR EDUCATION, TREATMENT**

The Robert Wood Johnson Foundation became the nation's largest private funder of alcohol and drug abuse prevention, education and treatment programs with the February 6 announcement that it will spend \$26.4 million on the growing crisis.

The RWJ program, "Fighting Back," is targeted exclusively to demand reduction. Most of the money will go to as many as 12 communities of 100,000 - 250,000 people. Recipients can be small-to-mid-size towns or neighborhoods or other selected populations of large metropolises, such as New York City.

The audience of the program will be children, youth and young adults. To qualify, each community must create a citizens' task force to plan allocations of the money. Each of the chosen communities will receive \$100,000 annually over one or two years. Eight of these communities will then be selected to receive \$3 million for each of five years to implement their proposals.

Winners of the competition will be chosen by an 11-member panel, chaired by John Brademas, Ph.D., president of New York University. Most members of the committee have been named, but several have yet to agree to serve, said RWJ spokesperson Denise Graveline. Their identities will be announced in late February, also the time when more than 33,000 community organizations will be receiving a solicitation for grant applications.

Letters of intent are due May 1 and formal applications by September 1, to W. Anderson Spickard, Jr., M.D., professor of medicine, Vanderbilt University, The Vanderbilt Clinic, 1301 22nd Avenue, Room 2553, South Nashville, Tennessee, 37232, or write Denise Graveline, Robert Wood Johnson Foundation, College Road, PO Box 2316, Princeton, New Jersey, 08543, 609/452-8711. Initial awards will be made in February, 1990.

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**TO ALL RECIPIENTS OF THE HABIT**

To keep our mailing list current and to ensure that all of the people on our list are still interested in receiving the HABIT, we ask that you please fill out this form and mail it to us at the following address by **April 14, 1989**.

**Chemical Dependency Bureau  
Treatment Services Division  
Department of Institutions  
1539 11th Avenue  
Helena, MT 59620**

☐

**YES**, I am still interested in receiving the HABIT. My name and current address is:

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(Name)

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(Program Name, if applicable)

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(Address)

\_\_\_\_\_  
(City, State, Zip)

☐

**NO**, I am no longer interested in receiving the HABIT. My name and current address is:

\_\_\_\_\_  
(Name)

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(Address)

\_\_\_\_\_  
(City, State, Zip)

**IF WE DO NOT HEAR FROM YOU BY APRIL, 14, 1989, WE WILL REMOVE YOUR NAME FROM OUR MAILING LIST.**





The HABIT routinely publishes articles or excerpts from articles that appear in nationally distributed publications primarily in the field of chemical dependency. Such articles are solely intended to be informational services to our readers and to make them aware of current trends and opinions on issues relating to chemical dependency. Such articles do not necessarily reflect the opinions or policy of the Chemical Dependency Bureau. Suggestions for noteworthy articles or opposing views to articles published are welcomed and encouraged.

**CHEMICAL DEPENDENCY BUREAU**

500 copies of this publication were produced at a unit cost of \$.69 per copy, for a total cost of \$360.69, which includes \$305.81 for printing and \$54.88 for distribution.

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